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# Allied OMS appoints Chief Medical Officer: Q&A with Dr. Jonathon Jundt



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## Southlake, Texas-based Allied OMS recently appointed Jonathon Jundt, DDS, MD, FACS, as its Chief Medical Officer.

**July 21, 2023** – Founded in 2020, Allied OMS supports 65 doctors and 45 locations in California, Colorado, Illinois, Louisiana, Maryland, Michigan, Mississippi, New York, Oregon, Tennessee, Texas and Virginia.

Dr. Jundt is a founding doctor and director on the organization's board, according to a news release shared with Becker's. He is also Chief of Oral and Maxillofacial Surgery at Evergreen (Colo.) Oral and Maxillofacial Surgery and an adjunct professor at the University of Texas Health Science Center at Houston.

Dr. Jundt recently spoke with Becker's about his new role, Allied OMS' growth and the trends he's following in oral and maxillofacial surgery.

Note: This response has been lightly edited for length and clarity

**Q:** What has your experience been like so far in your new role and what interested you in the position?

**Dr. Jonathon Jundt:** It's been good. Prior to this formal role, I was the first chair of the Quality Assurance & Performance Improvement committee and so this was a natural progression in the patient safety and outcomes realm.

As an organization reaches a certain size and scale, there needs to be a figurehead on the clinical side to direct clinical care, to help provider safety and wellbeing, as well as patient safety and outcomes. Formalizing that role allows us to dial into some of those goals in a little bit more detail.

**Q:** What goals do you have for your new role?

**JJ:** There are five main goals I'm tasking myself with in this role.

First and foremost is patient safety and outcomes. That's paramount. **That's why we exist.**

Second, would be the actual provider safety and wellbeing. We know surgeon burnout is an issue, [so] facilitating surgeons in their daily work and as they go through their careers will be important.

The third is research and data acquisition and also utilization of that data. The data generated in our practices every day is valuable and pertinent to the patients and providers. So maximizing that data and research is going to be my third goal.

The fourth one is going to be more fun, and that is evaluating new technologies and implementing those technologies across our group, whether it's augmented reality and surgeon training and maintenance of skills [or] different robotic technologies that are on the horizon. There are a lot of genomic advances in the head and neck cancer realm that we can incorporate.

Finally, my last goal is around the more granular day-to-day affairs. There are probably going to be some disciplinary mechanisms as well as an internal morbidity and mortality review through a peer-privileged process, which is in place throughout healthcare to help improve outcomes.

**Q:** What have been the biggest changes you've noticed in the oral surgery and DSO fields since founding Allied OMS?

**JJ:** It's interesting because I'm a third-generation doctor and my mind has been on this concept of consolidation in the dental field for as long as medicine's been consolidating, so that's been several decades. To see it start to occur, and it is really full steam right now in the dental industry, it's interesting to see that unfold. We've noticed a shift in the mentality of new graduate surgeon practitioners. We've seen a sort of paradigm shift in how DSOs operate. What we've done at Allied OMS is we've really focused on doctor alignment and maximizing that doctor alignment to achieve better patient outcomes.

**Q:** How has the mindset about consolidation and DSO affiliations evolved?

**JJ:** The mindset has shifted in a few ways. One is the overall daily complication of running a practice has increased. It's everything from insurance to patient communication mechanisms, to contracts with suppliers. All those features have changed and it's becoming more obvious to the individual solo practitioners that given the right model [and] alignment this can be a very viable and fruitful way forward.

**Q:** What are the biggest priorities among oral surgeons and oral surgery practices today?

**JJ:** Oral and maxillofacial surgeons were the first group to generate an outpatient anesthesia model, even before anesthesia was an actual specialty. We have to cumulatively aggregate the data from our anesthetic outcomes and our surgical outcomes, marry the two of those and then present them back to the public to instill confidence and to demonstrate our skill and expertise in those fields. That really hasn't changed. I do think the robotic and augmented reality portions are going to be a very exciting new frontier for us moving forward.



**Q:** Some people in the industry say dentistry has been slow to accept new technology. Do you see practitioners becoming more accepting and interested?

**JJ:** I might disagree on that. I trained under Dr. Jaime Gateno in Houston. He was one of the first people in the world to develop virtual surgical planning. In the space of oral and maxillofacial surgery, we can take a CT scan, virtually segment the bones of the facial skeleton and reposition them in the position that we want, whether it's a traumatic case or a dentofacial deformity. We can put those bones in the correct place and then we can 3D print or mill solid titanium plates to reconstruct the facial skeleton. We've been doing that for 15 years or more now. Many of the oral and maxillofacial surgeons, and even dentistry in general, have preceded the associated medical field [and] definitely preceded 3D-printed vascular grafts and vascular surgery. You're absolutely right, though, that trend is going to continue to accelerate in that direction and it's really exciting.

**Q:** What do you attribute to the rising demand for oral surgery and increased interest in the field among DSOs?

**JJ:** Oral surgery is an excellent specialty. You have a high acuity. It is recession-resilient. Patients with acute symptomatic teeth typically require a more urgent intervention than other more elective situations. So I think that's probably one of the biggest factors.

Oral and maxillofacial surgeons in particular have to go through quite a bit of training in their career. They're a driven group of individuals. This is an interesting concept, but there was a study that looked at when the surgeon was going to retire, and oral surgery was one of the few specialties where it was later than their stated date. It wasn't because they had to, it was because they wanted to. So oral and maxillofacial surgeons are passionate providers and they like to continue doing what they're doing even when they don't have to. That's a really important point because if I were an executive at a company, I would want to partner with people who know they're passionate about what they do and that they're there for the long haul. They want to continue to treat patients and they enjoy what they do.

**Q:** What other trends are you following in the OMS field?

**JJ:** I'm always engaged in research. From the technology side, I would say surgical simulation and haptic feedback mechanisms are fertile ground for testing, verifying maintenance of skills for surgeons and then implementing virtual surgical techniques in the actual operating theater. I'm [also] certainly following the DSO space.

If you look at the dental implant utilization rate globally, we have an adoption rate in the United States that is well below other countries like South Korea, for example. We really haven't even begun to see the full market potential of dental implants in the United States. As our population ages and as the adoption rate through all age ranges increases, we're going to see a continued trend towards increased adoption of replacement of teeth with dental implants.

**Q:** What does Allied OMS look for in a partner?

**JJ:** We've been very intentional with the practices that have joined Allied thus far.

We have a corpus of key opinion leaders and it's almost as if it's a hub and spoke with the key opinion leaders who are also active participants in residency programs **who are able to attract the best talent and continue to push the envelope from a surgical perspective.**

Allied OMS is comprised of

